

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 598763

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12	1		1			
13	1		1			
14	1		1			
15		1		1		
16		2		1		
17		0		3		
18		0		1		
19		0		1		
20		0		1		
21	1		1			
22		1		1		
23		2		1		
24		0		1		
25	1		1			
26		1		1		
27		2		1		
28		2		1		
29		0		1		
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TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	31	←	27	←		←
TOTAL CLAIMS	38		34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						